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## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

BEST AVAILABLE COPY

FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

05072044						
Prefix	Serial					
DATE REC	EIVED					

Name of Offering (\(\subseteq\) check if this is an amendment and name has changed, and indicate change.)	PROCESSED						
TECTURA CORPORATION SERIES A-2 PREFERRED STOCK OFFERING (PIK Dividends)							
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Section 4(6) ☐ ULOE	AUG 04 2005						
Type of Filing : ☑ New Filing : ☐ Amendment	AUG U 4 2003						
A. BASIC IDENTIFICATION DATA	THOMSON						
1. Enter the information requested about the issuer.	FINANCIAL						
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)							
Tectura Corporation							
	one Number (Including Area Code)						
	585-5500						
Address of Principal Business Operations (Number and Street, City, State, Zip Code)  Telego	one Number (Including Area Code)						
(if different from Executive Offices)							
Brief Description of Business							
Computer systems integration and implementation	UL 2 9 2005						
Type of Business Organization							
	other (please specify):						
☐ business trust ☐ limited partnership, to be formed	(1213 (6))						
Actual or Estimated Date of Incorporation or Organization: Month May Year 2001	Actual   Estimated						
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:							
CN for Canada; FN for other foreign jurisdiction)	DE						

#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

#### A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: • Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and • Each general and managing partner of partnership issuers. ☐ Promoter ☐ Beneficial Owner □ Director Check Box(es) that Apply: ☐ General and/or Managing Partner Full Name (Last name first, if individual) Petrzelka, Terrence L. Business or Residence Address (Number and Street, City, State, Zip Code) 333 Twin Dolphin Drive, Suite 750, Redwood City, CA 94065 Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Petrzelka, Terrence L. and Diane Business or Residence Address (Number and Street, City, State, Zip Code) 333 Twin Dolphin Drive, Suite 750, Redwood City. CA 94065 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Capitolo, Gregory M. Business or Residence Address (Number and Street, City, State, Zip Code) 333 Twin Dolphin Drive, Suite 750, Redwood City, CA 94065 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner □ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Price, William Business or Residence Address (Number and Street, City, State, Zip Code) 500 Nyala Road, Westport, CT 06880 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Poch, Gerald A. Business or Residence Address (Number and Street, City, State, Zip Code) 500 Nyala Road, Westport, CT 06880 □ Director Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ General and/or Managing Partner Full Name (Last name first, if individual) Komoroske, Alexander Business or Residence Address (Number and Street, City, State, Zip Code) c/o RCM, 2100 Enterprise Avenue, Geneva, IL 60134

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

#### A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: • Each promoter of the issuer, if the issuer has been organized within the past five years; • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and • Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter ☑Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Nordea Bank Danmark A/S Business or Residence Address (Number and Street, City, State, Zip Code) Christiansbro, Strangade 3, Postboks 850, 0900 Copenhagen C, Denmark Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) General Electric Pension Trust Business or Residence Address (Number and Street, City, State, Zip Code) 3001 Summer Street, Stamford, CT 06905 ☐ Promoter 区 Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Pequot Private Equity Fund III, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 500 Nyala Farm Road, Westport, CT 06880 Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Ritchie Opportunistic Trading, Ltd. Business or Residence Address (Number and Street, City, State, Zip Code) c/o RCM, 2100 Enterprise Avenue, Geneva, IL 60134 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

				· · · · · · · · · · · · · · · · · · ·						:			<del></del>
					B. INFO	RMATIO	N ABOU	T OFFER	ING	<del></del>			
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							***************************************	Yes □	No ⊠				
Answer als				_									
What is the	e minimu	m investm	ent that wi	ll be accep	ted from a	ny individu	ıal?			•••••		N/A	
Does the offering permit joint ownership of a single unit?								Yes	No				
Enter the commission person to be list the nai dealer, you	information or similed listed is me of the unay set	on reques lar remunes an associ broker or forth the in	ted for earation for ated person dealer. If	ach persor solicitation n or agent more that for that be	n who has n of purcha of a broke n five (5) p roker or de	been or asers in corror dealer occupants.	will be pa inection wi registered with be listed an	id or give th sales of with the SE re associate	n, directly securities i C and/or w d persons	or indirect in the offering the a state of off such a b	tly, any ing. If a or states, roker or	X	
Full Name	(Last nar	ne first, if	individual)	)									
No one ha with sales	is been or of securit	will be pa	id or give	n, directly	or indirec	tly, any co	mmission (	or similar r	emuneratio 	n for solici	tation of pu	rchasers ir	connection
Business o	or Residen	ce Addres	s (Number	and Street	t, City, Sta	te, Zip Cod	e)						
Name of A	Associated	Broker or	Dealer										
State in W	hich Pers	on Listed I		ed or Inter	nds to Solid	it Purchase	ers						
(	Check "A	ll States" o	or check in	dividual S	tates)	•••••				***************************************			All States
	[ AL ] [ IL ] [ MT ] [ RI ]	[ AK] [ IN ] [ NE ] [ SC ]	[ AZ ] [ IA ] [ NV ] [ SD ]	[ AR ] [ KS ] [ NH ] [ TN ]	[ CA] [ KY ] [ NJ ] [ TX ]	[ CO ] [ LA ] [ NM ] [ UT ]	[ CT ] [ ME ] [ NY ] [ VT ]	[ DE] [ MD ] [ NC ] [ VA ]	[ DC ] [ MA ] [ ND ] [ WA ]	[ FL ] [ MI ] [ OH ] [ WV ]	[ GA ] [ MN ] [ OK ] [ WI ]	[ HI ] [ MS ] [ OR ] [ WY ]	[ ID ] [ MO ] [ PA ] [ PR ]
Full Name						<u> </u>					<del></del>		
Business o	or Residen	ice Addres	s (Number	and Stree	t. Citv. Sta	te, Zip Cod	le)						
Name of A													
Name of A	Associated	Broker or	Dealer								,		
						cit Purchase							All States
	[ AL ] [ IL ] [ MT ] [ RI ]	[ AK ] [ IN ] [ NE ] [ SC ]	[ AZ ] [ IA ] [ NV ] [ SD ]	[ AR ] [ KS ] [ NH ] [ TN ]	[ CA ] [ KY ] [ NJ ] [ TX ]	[CO] [LA] [NM] [UT]	[ CT ] [ ME ] [ NY ] [ VT ]	[ DE ] [ MD ] [ NC ] [ VA ]	[ DC ] [ MA ] [ ND ] [ WA ]	[ FL ] [ MI ] [ OH ] [ WV ]	[ GA ] [ MN ] [ OK ] [ WI ]	[HI] [MS] [OR] [WY]	[ ID ] [ MO ] [ PA ] [ PR ]
Full Name	(Last nar	me first, if	individual	)							_		
Business o	or Residen	ice Addres	s (Number	and Street	t, City, Sta	te, Zip Cod	le)						
Name of A	Associated	l Broker or	Dealer										
State in W	hich Pers	on Listed I		ed or Inter	nds to Solid	cit Purchase	ers						
(	Check "A	.ll States"	or check in	idividual S	tates)	•••••							All States
	[ AL ] [ IL ] [ MT ] [ RI ]	[ AK ] [ IN ] [ NE ] [ SC ]	[ AZ ] [ IA ] [ NV ] [ SD ]	[ AR ] [ KS ] [ NH ] [ TN ]	[ CA ] [ KY ] [ NJ ] [ TX ]	[ CO ] [ LA ] [ NM ] [ UT ]	[ CT ] [ ME ] [ NY ] [ VT ]	[ DE ] [ MD ] [ NC ] [ VA ]	[ DC ] [ MA ] [ ND ] [ WA ]	[ FL ] [ MI ] [ OH ] [ WV ]	[ GA ] [ MN ] [ OK ] [ WI ]	[ HI ] [ MS ] [ OR ] [ WY ]	[ ID ] [ MO ] [ PA ] [ PR ]

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

already sold. En	the aggregate offering price of securities included in this offering and the total amount of the "0" if answer is "none" or "zero." If the transaction is an exchange offering, check indicate in the columns below the amounts of the securities offered for exchange and red.		
		Aggregate Offering Price	Amount Already Sold
	Type of Security		
	Debt	\$0	\$0
	Equity	\$197,727.22	\$197,727.22
	☐ Common ☒ Preferred		
	Convertible Securities (including warrants)	0	\$0
	Partnership Interests	\$0	\$0
	Other (Specify)	\$0	\$0
	Total	\$197,727.22	\$197,727.22
	Answer also in Appendix, Column 3, if filing under ULOE.		
this offering an indicate the nun	the number of accredited and non-accredited investors who have purchased securities in d the aggregate dollar amounts of their purchases. For offerings under Rule 504, other of persons who have purchased securities and the aggregate dollar amount of their e total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
Accredited Inve	stors	2	\$197,727.22
Non-accredited	Investors	N/A	N/A
Total (for filings	s under Rule 504 only)	N/A	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.		
securities sold b	filing is for an offering under Rule 504 or 505, enter the information requested for all by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior of securities in this offering. Classify securities by type listed in Part C – Question 1.		
	Not Applicable.		
Туре с	of offering	Type of Security	Dollar Amount Sold
	Rule 505	N/A	N/A
	Regulation A	N/A	N/A
	Rule 504	N/A	N/A
	Total	N/A	N/A
issuer. The in	Furnish a statement of all expenses in connection with the issuance and distribution s in this offering. Exclude amounts relating solely to organization expenses of the formation may be given as subject to future contingencies. If the amount of an ot known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$0

	Printing and Engraving Cos	ts			Φ.Δ
			***************************************		\$0
	Legal Fees			X	\$10,000.00
	•				\$0
		C 1 10 11			\$0
	,	finders' fees separately)		<u> </u>	\$0
	• • • • • • • • • • • • • • • • • • • •			×	\$0 \$10,000.00
	1000				\$10,000.00
		n the aggregate offering price givesponse to Part C - Question 4.a.			\$187,727.22
used for each of the box	he purposes shown. If the and to the left of the estimate. T	usted gross proceeds to the issuent ount for any purpose is not know he total of the payments listed make to Part C - Question 4.b above	wn, furnish an estimate nust equal the adjusted		·
5. 0.00 <b>p</b> . 0.000 to	135 doi: 0.00 x 51 m. 11. x 50 p 51 m.	Quadrian 110 upon 1	•	Payments to	
				Officers, Directors, & Affiliates	Payments To Others
Salaries and fees				\$0 □	\$0
Purchase of real e	estate	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$0 □	\$0
Purchase, rental c	or leasing an installation of m		\$0 □	\$0	
Construction or le	easing of plant buildings and	facilities		\$0 □	\$0
Acquisition of oth offering that may	her businesses (including the be used in exchange for the	value of securities involved in thassets or securities of another	is	<b>60 5</b>	90
•	- /			\$0 🗆	\$0
				\$0 🗆	\$0
				\$0 ☒	\$187,727.22
				\$0 □	\$0
				\$0 🗵	\$187,727.22
Γotal Payments L	Listed (column total added)		X		\$187,727.22
		D EEDED AL CICO	NA CHIDE		
		D. FEDERAL SIG			
signature constitu	ites an undertaking by the iss	med by the undersigned duly aut uer to furnish to the U.S. Securiti -accredited investor pursuant to	ies and Exchange Commi	ssion, upon written requ	
Issuer (Print or T	ype)	Signature		Date /	
Tectura Corporati	ion			+/28	, 2005
Name of Signer (	Print or Type)	Title of Signer (Print or Typ	<b>(€</b> )	-	
Gregory M. Capit	tolo	Vice President and Chief Fi	nancial Officer		,
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		ATTENTIO	V		